

**DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

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## Exhibit B CLAIM DISPUTE NOTIFICATION

(Mail in a window envelope)

Grantee  
Address

Date

Claim Number

Amount

Date

Grant Number(s)

**The claim referenced above is disputed for the following reasons:**

Expenditures not compliant with grant regulations

Supporting documentation missing:

Incorrect claim amount

Claim not properly executed

Additional information needed:

Incorrect adjustment

Duplicate claim

Other: \_\_\_\_\_

**THIS NOTIFICATION IS A FOLLOW-UP TO A PHONE/EMAIL COMMUNICATION WITH THE PERSON FROM YOUR AGENCY WHOSE NAME APPEARS BELOW**

NAME

DATE OF COMMUNICATION

**IF YOU HAVE ANY QUESTIONS REGARDING THIS DISPUTE, CONTACT:**

NAME

TELEPHONE NUMBER

**FOR STATE AGENCY USE ONLY**

DATE DISPUTE RESOLVED:

INITIAL:

RESOLUTION:

**RETURN A COPY OF THIS NOTIFICATION WITH THE CORRECTED CLAIM.**

RETURN  
TO:

(For your convenience, the return address has been positioned for use in a window envelope.)

Distribution:

Original	Grantee
Copy 1	ADP Accounting
Copy 2	PSD File